

Diversity Leadership Workshop 2013

Application

REGISTRATION DEADLINE IS May 3, 2013

The City of Rockville Human rights Commission is sponsoring ***Diversity Leadership Workshop 2013***. This event is for high school-age students living in Rockville and/or attending a Rockville high school. This dynamic, highly interactive event brings students together to provide them with a comprehensive, memorable experience. This **free workshop** will equip participants with tools to deal with difficult situations with an understanding of diverse populations.

The program will take place at Rockville City Hall, 111 Maryland Avenue, Rockville, MD 20850 on Saturday, May 18, 2013. The program will run from 9 a.m. to 3 p.m. The curriculum is based on the award-winning NCBI (National Coalition Building Institute) Prejudice Reduction Workshop, and the Peace Institute of DC. The workshop takes a highly participatory and motivational approach to diversity leadership training.

*******(Please print clearly)*******

STUDENT'S NAME _____

HOME ADDRESS _____

CITY _____ **ZIP** _____

HOME PHONE: _____ **CELL PHONE** _____

EMAIL: _____

PARENT/GUARDIAN'S NAME _____

PHONE: _____

Do you have any special needs for which you may require assistance in order to attend the workshop? Yes _____ No _____

(e.g., disabilities, special diet) If yes, what reasonable accommodations would be needed to assist you? _____

How did you hear about the Diversity Leadership Workshop? _____

PERSONAL STATEMENT

Why do you want to take part in this workshop and what do you hope to gain by participating? _____

The training begins at 9 a.m. and ends at 3 p.m. Transportation will **not** be provided. The workshop will provide lunch in addition to snacks in the morning and afternoon. By signing this application, you are committing yourself to the entire day.*

STUDENT'S SIGNATURE:* _____

DATE: _____

*Students must sign in order to participate in the Diversity Leadership Workshop.

**PERMISSION FOR
EMERGENCY MEDICAL TREATMENT**

In the event that medical treatment is necessary for either me, if older than age 18, or my child or dependent, if younger than age 18 (if it is my child or dependent and I cannot be contacted), I grant permission to the City and its agents to seek emergency medical treatment for me or, if younger than age 18, my child or dependent (fill in your name or name of your child),

_____ and do hereby authorize such emergency
(age)

you must fill in these blanks

treatment. I understand that treatment may be sought at the nearest emergency medical treatment facility.

| | |
|--------------------------------|---------------|
| _____ Participant Signature | _____ Date |
|--------------------------------|---------------|

| | |
|---|---------------|
| _____ Signature of parent/guardian if child is younger than 18 | _____ Date |
|---|---------------|

Parent/Guardian: Name: _____
Office Tel: _____
Home Tel: _____

Emergency Contact: Name of Contact: _____

(other than parent Office Phone: _____

or guardian) Home Phone and Cell _____

EVERONE MUST FILL OUT EMERGENCY CONTACT.

****A signature is required in order to participate in the Diversity Leadership Workshop.**

Space is limited, so please return this application as soon as possible, and not later than May 3, 2013.

Send or fax your application to:

**Janet Kelly
City of Rockville
111 Maryland Avenue
Rockville, MD 20850**

FAX: 240-314-8130

For more information, call 301-717-2518.

